

Scotland and Northern Ireland EQA Scheme

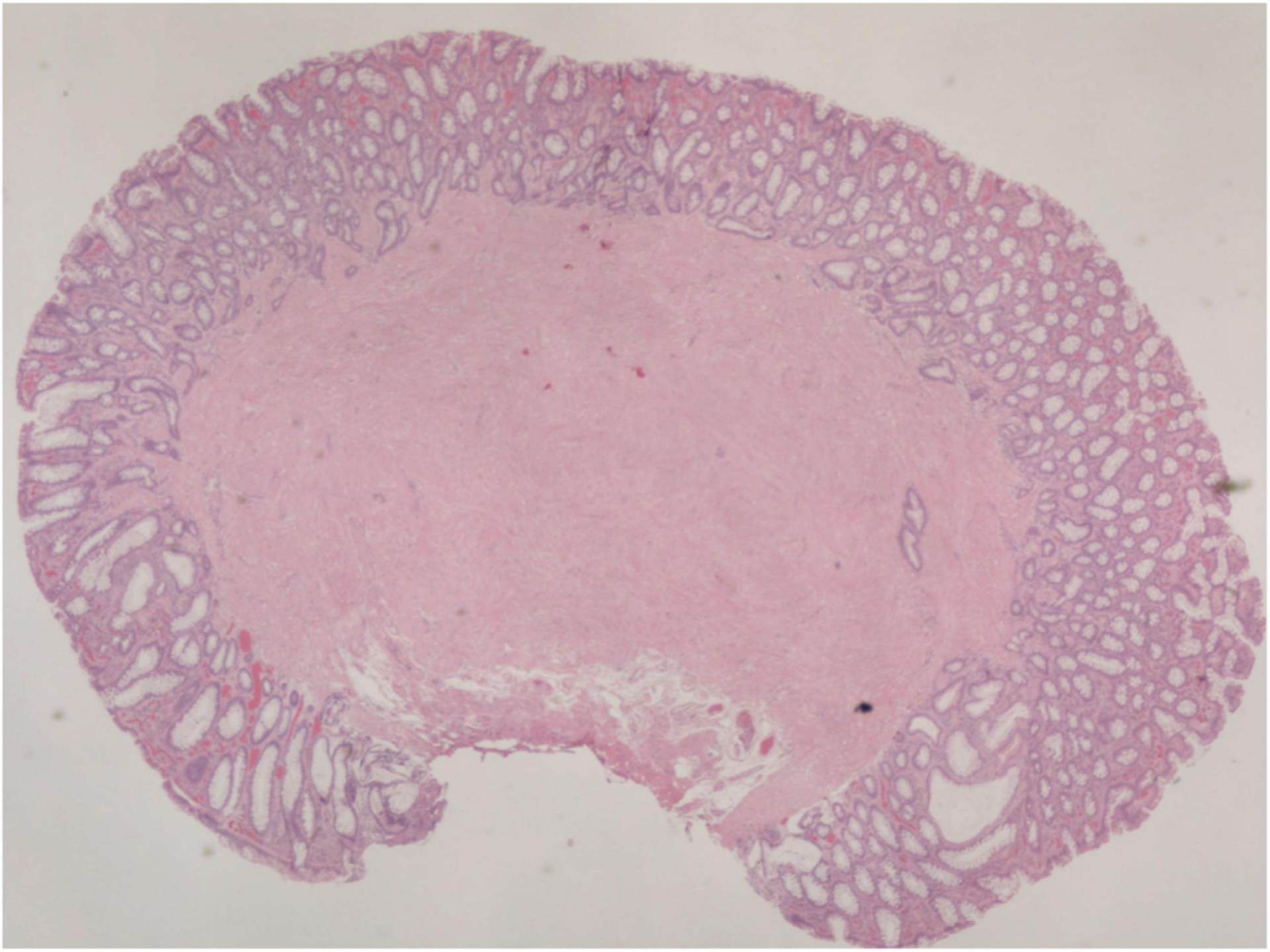
Circulation 47

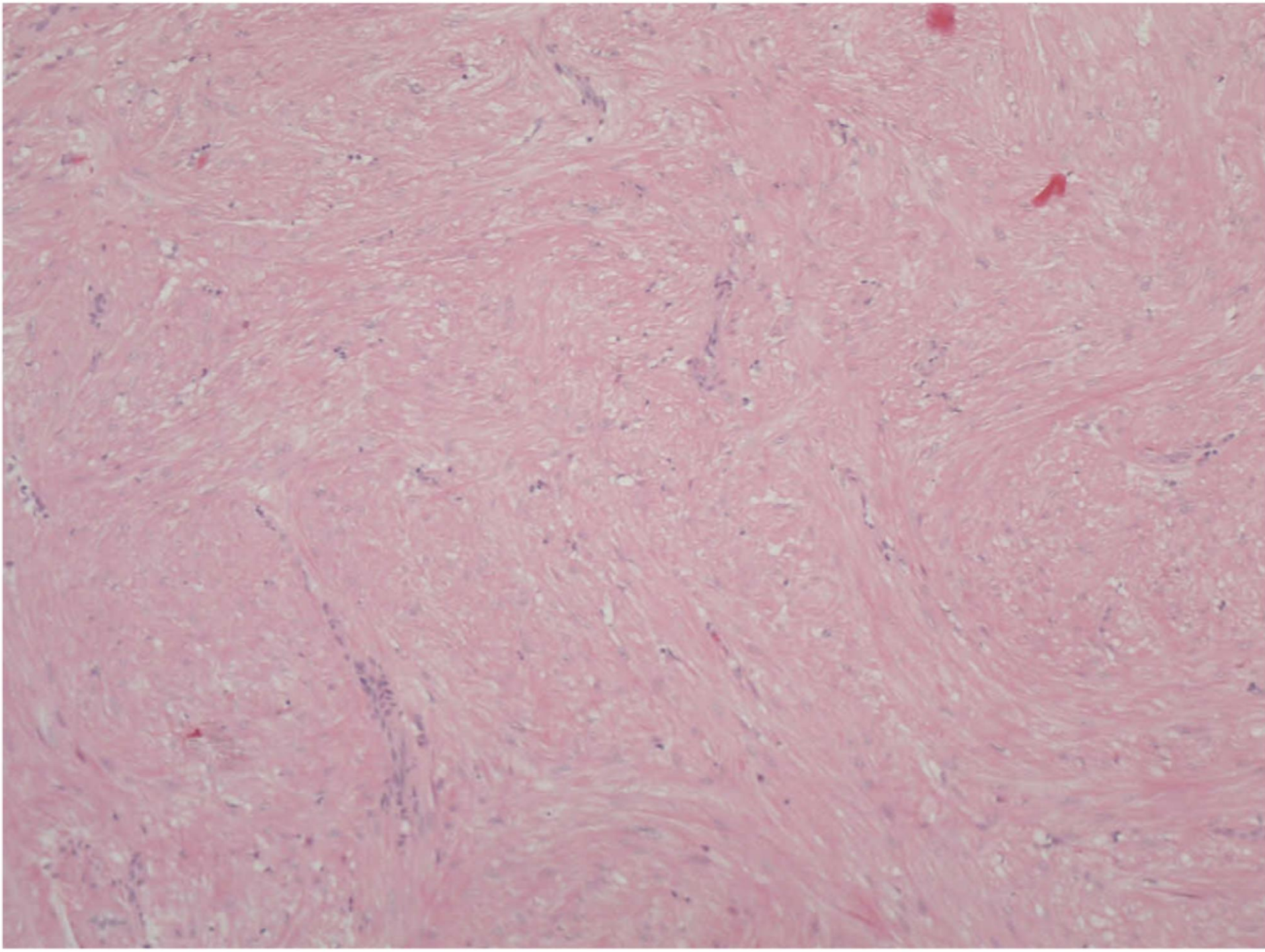
Cases A-E

Dr John Robert Millar
Consultant, MGH

Case A

- M: 51 yrs Colonic polyp
- Previous carcinoma and polyps
- Hartmann's for low rectal cancer
- Diverticulosis and colonic polyps at endoscopy -
 - SMM, SMA & Desmin +
 - CD117 & CD34 -





- Diagnosis:
 - LEIOMYOMA

- Responses:
 - Score 1
 - 117 – leiomyoma

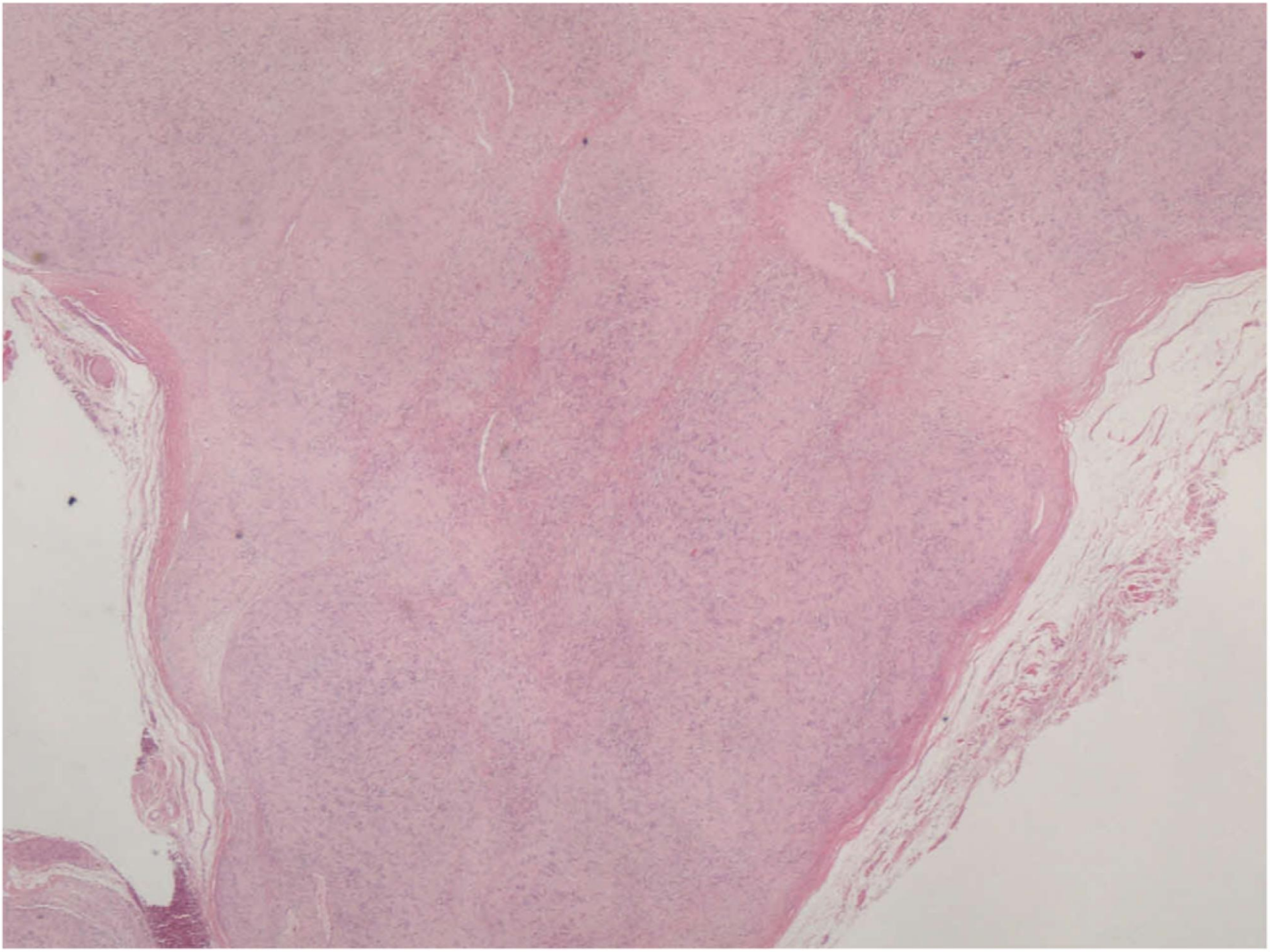
- Responses:

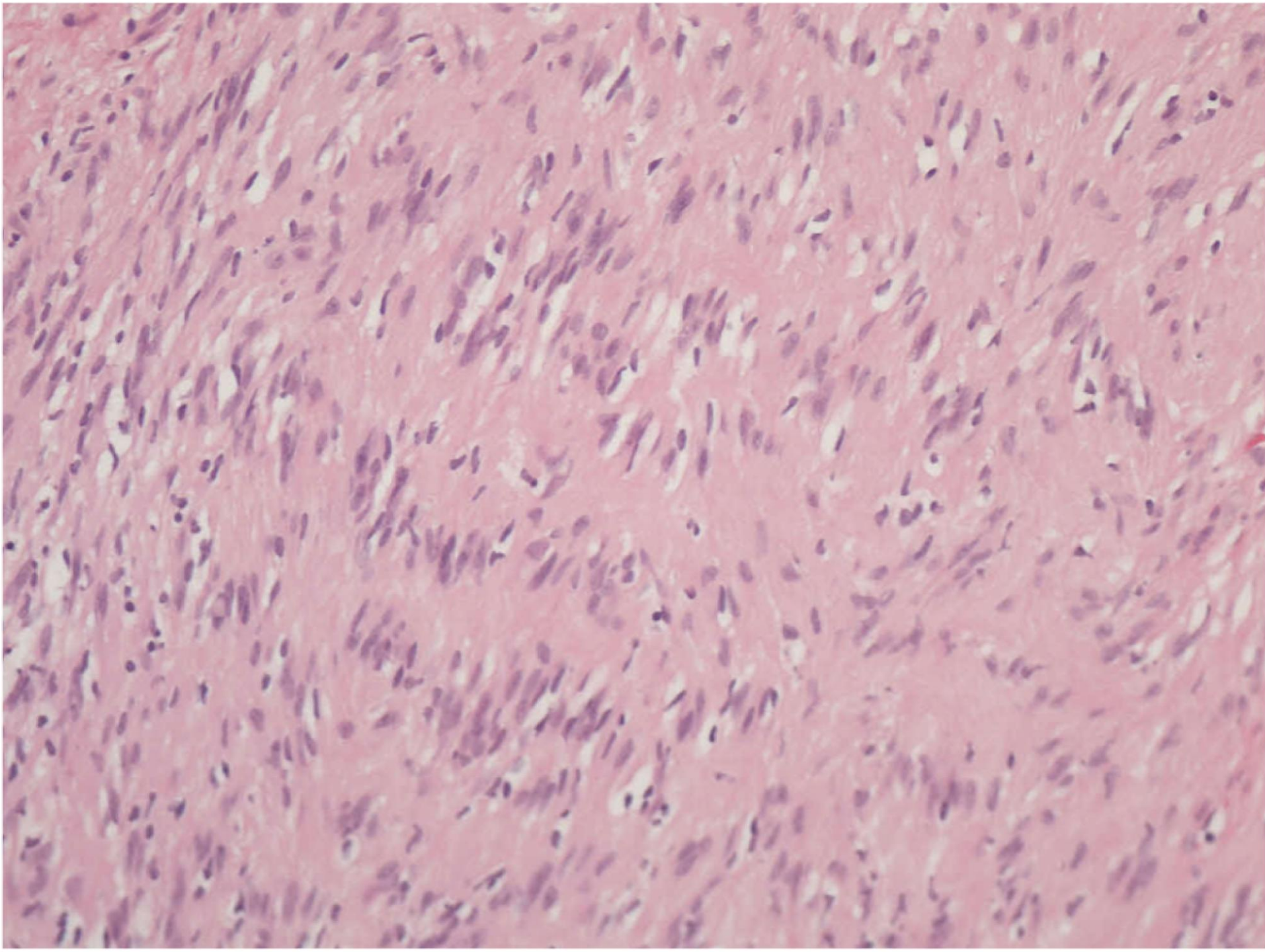
- Score 2

- 2 – mucosal prolapse/solitary rectal ulcer
 - 1 – hamartoma

Case B

- F: 34 yrs Lesion right side lower lip
- Increasing in size although US suggestive of AV malformation
- Clinically looks like minor salivary gland tumour





- Diagnosis:
 - SCHWANNOMA

- Responses:
 - Score 1
 - 117 – schwannoma

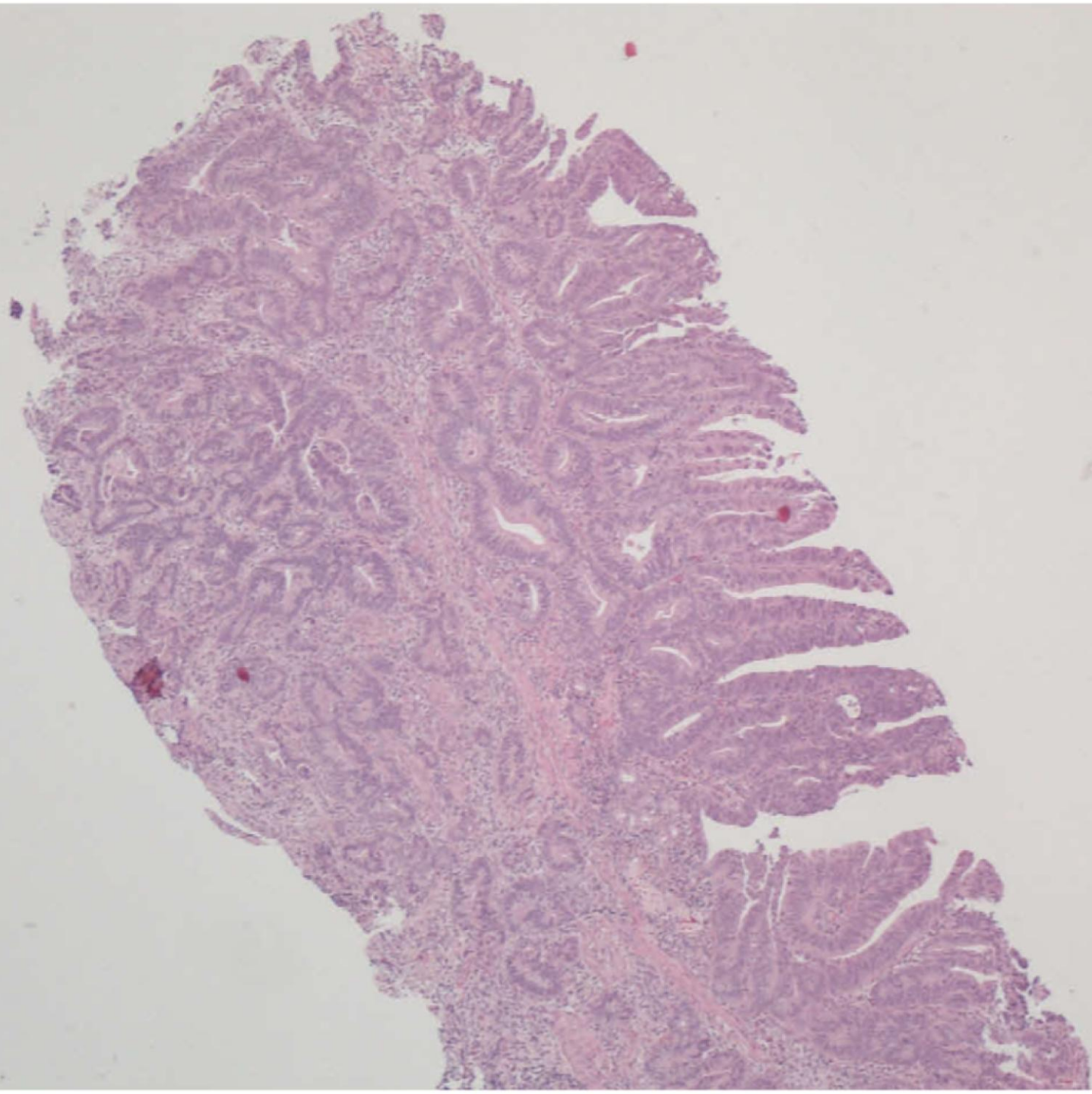
- Responses:

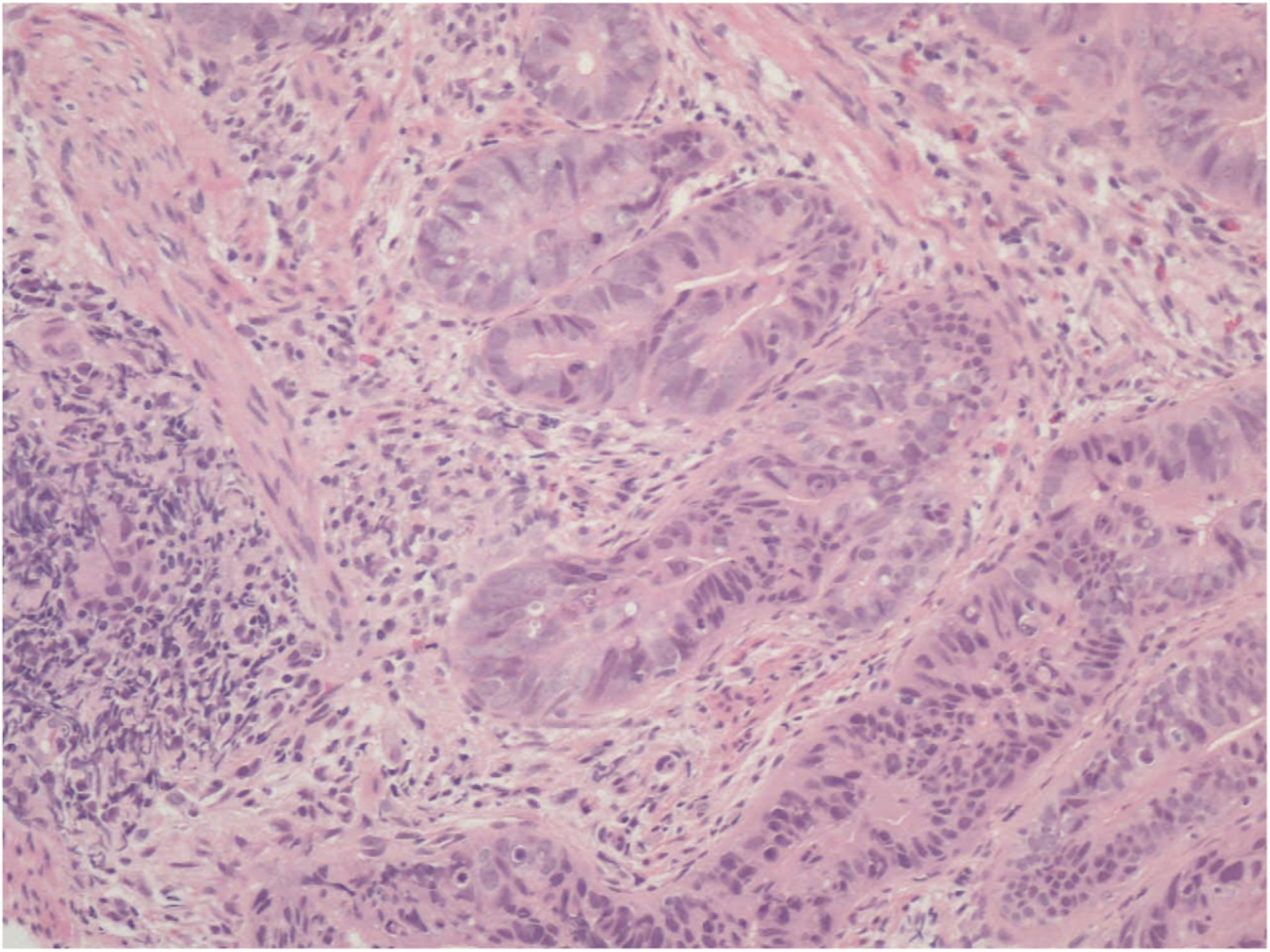
- Score 2

- 1 – angioleiomyoma
 - 1 – schwannomatoid leiomyoma
 - 1 – solitary circumscribed neuroma/palisaded encapsulated neuroma

Case C

- M: 63 yrs Ampullary biopsy
- Imaging revealed obstructed common bile duct/common hepatic duct
- Recent admission with necrotising pancreatitis





- Diagnosis:
 - ADENOCARCINOMA

- Responses:
 - Score 1
 - 119 – adenocarcinoma

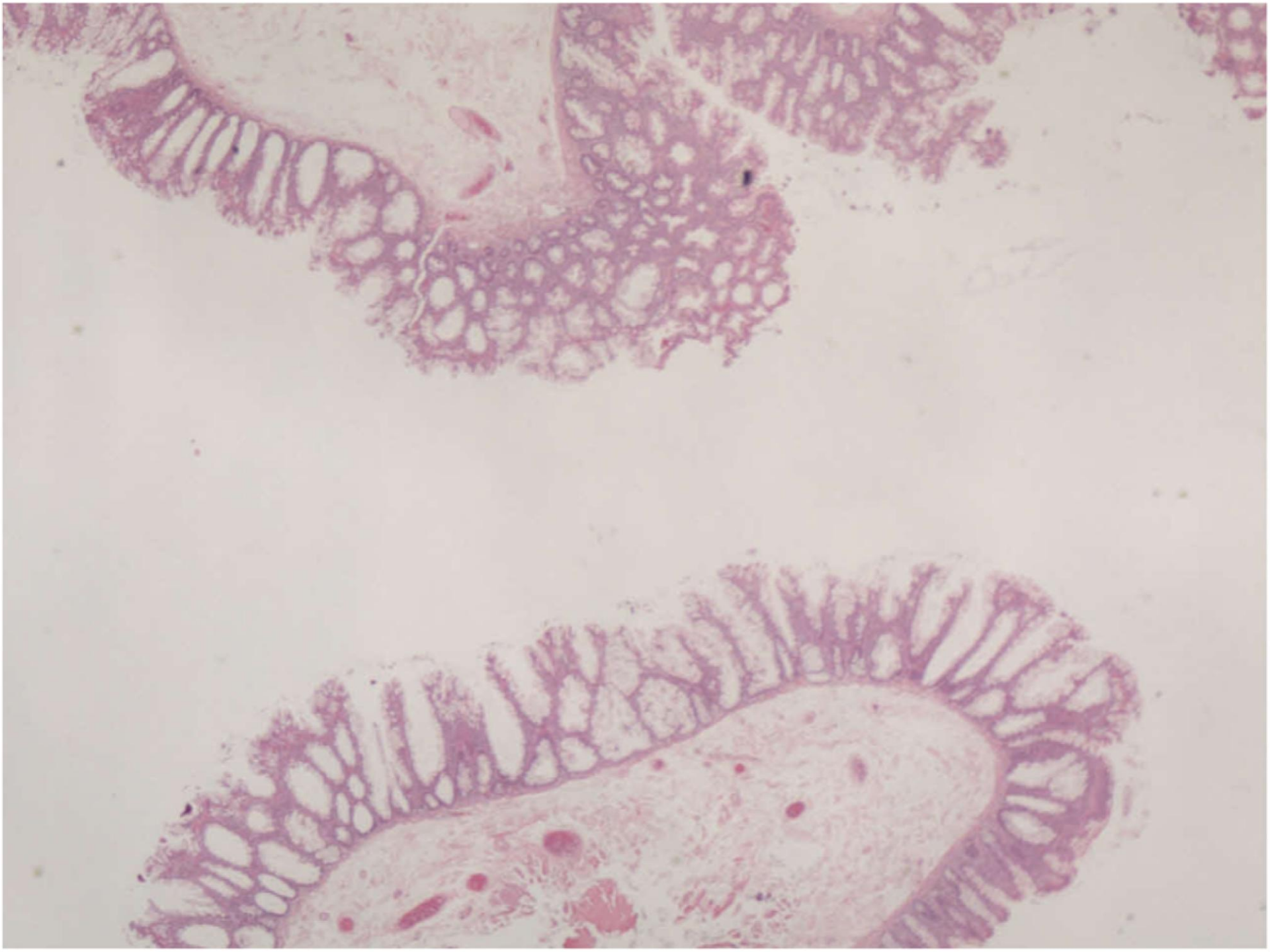
- Responses:

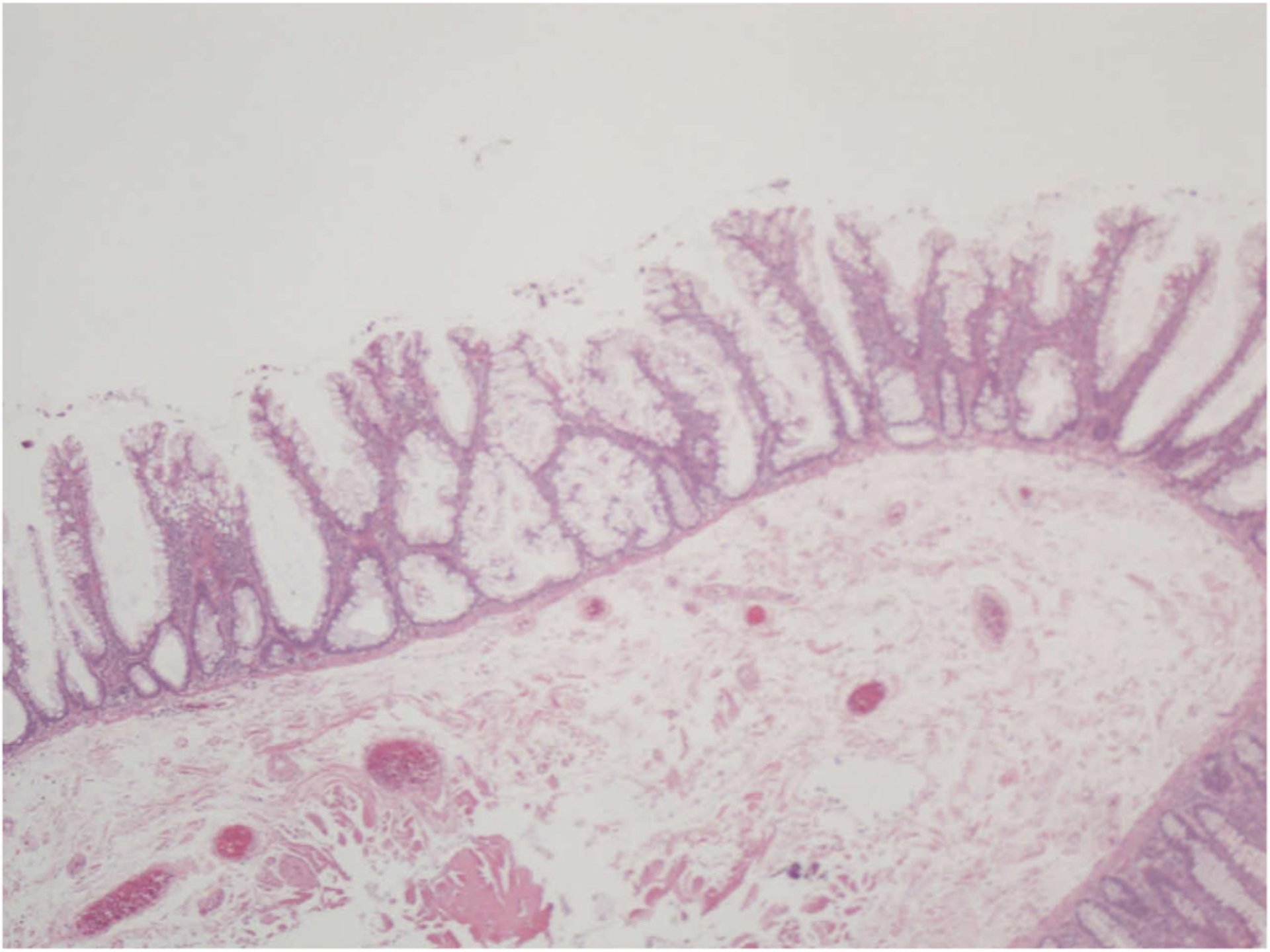
- Score 2

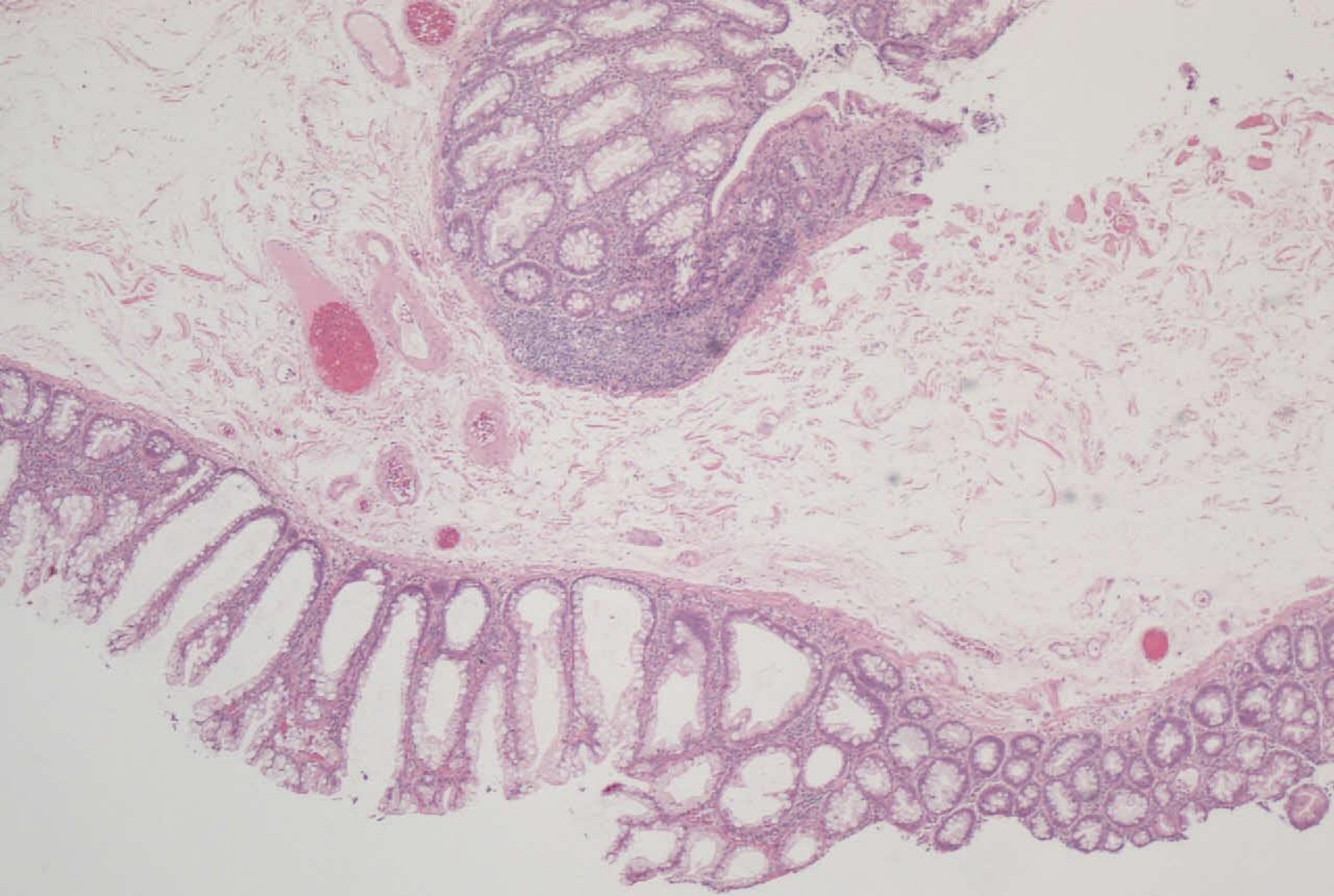
- 1 – adenocarcinoma on background Barrett's oesophagus

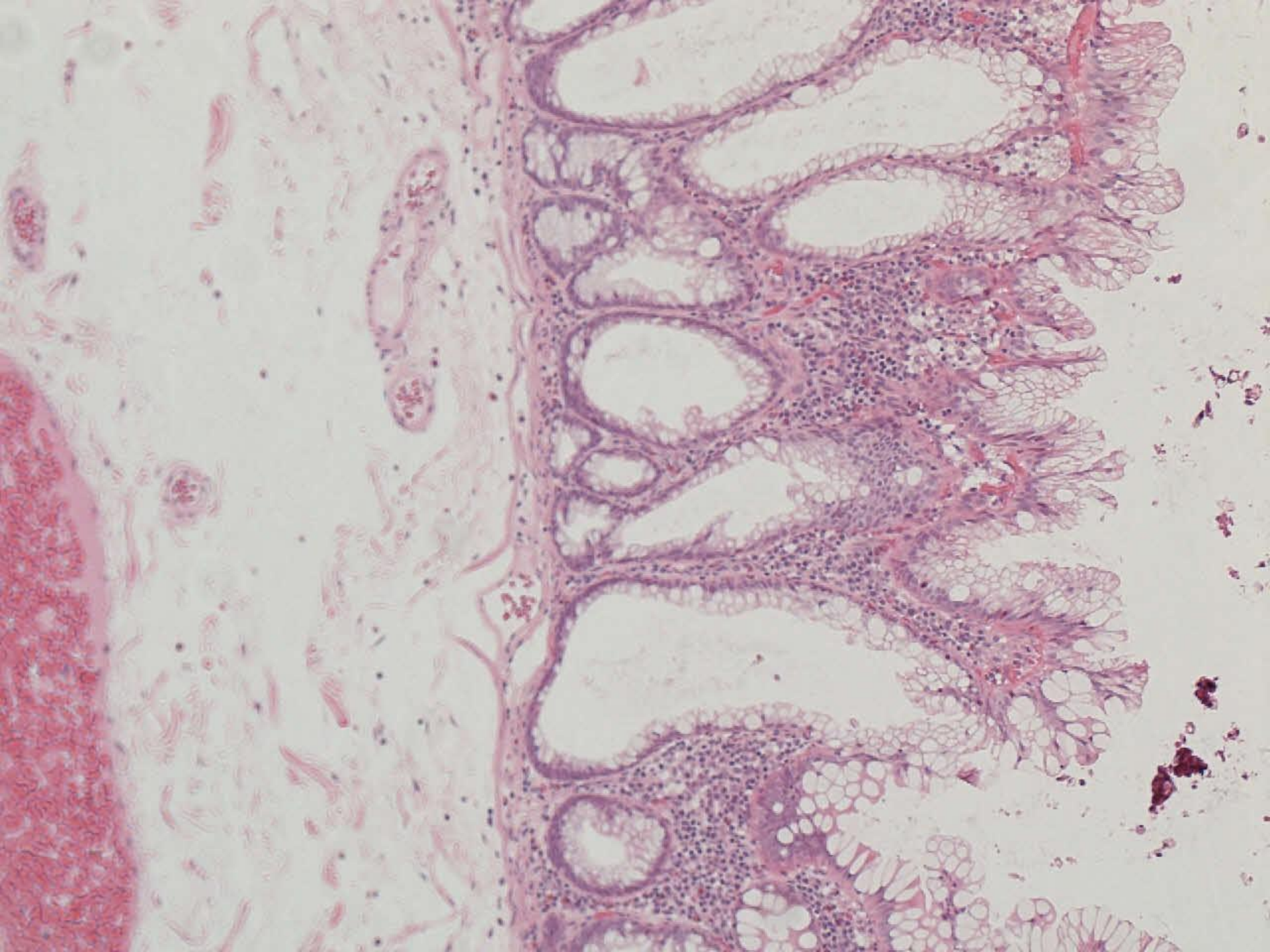
Case D

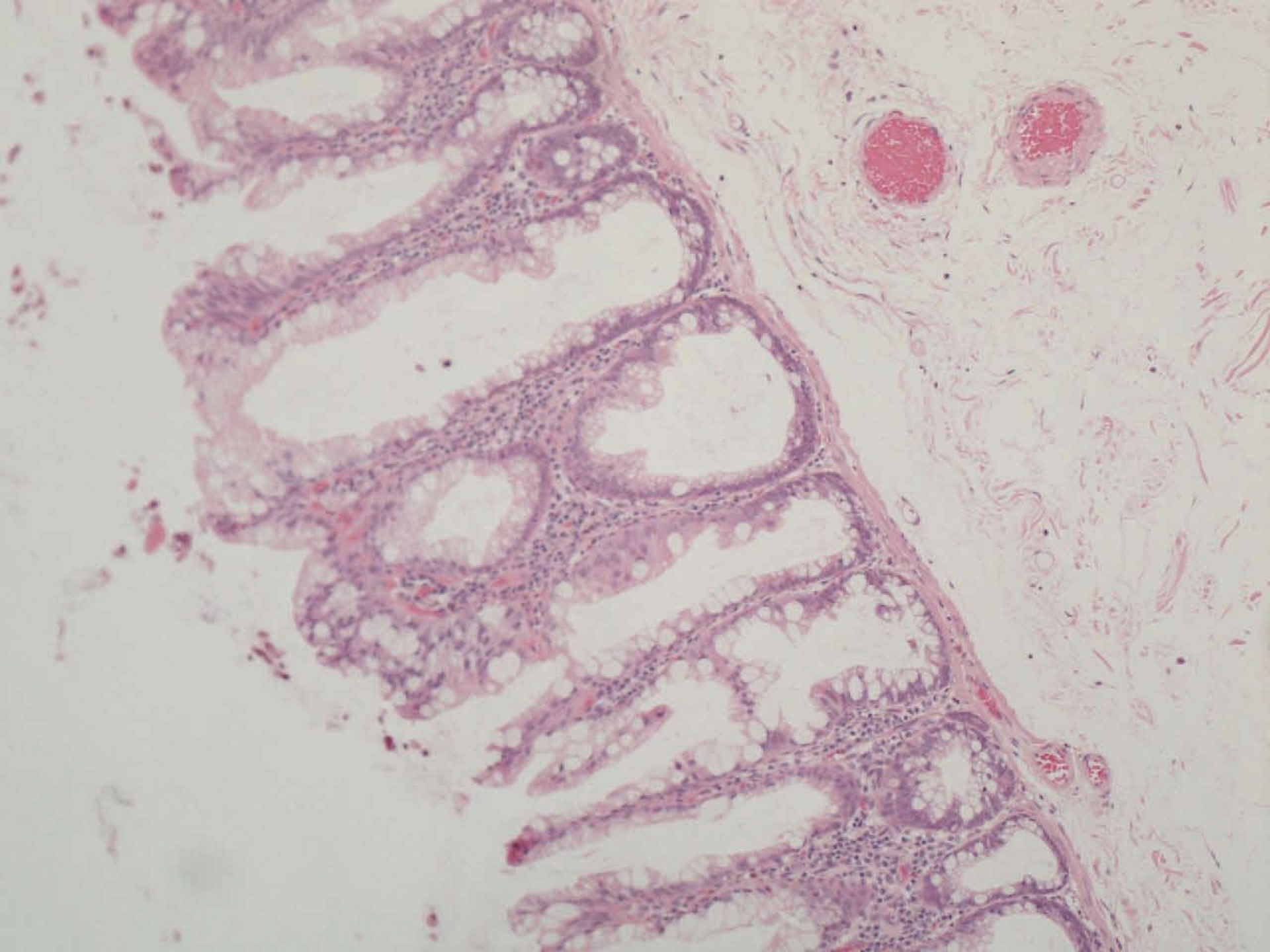
- F: 81 yrs
- Sessile distal ascending colon polyp











- Diagnosis:
 - SESSILE SERRATED LESION

- Responses:
 - Score 1
 - 98 – sessile serrated lesion
 - 1 - SSL

- Responses:

- Score 2

- 9 – sessile serrated adenoma
 - 5 – hyperplastic polyp
 - 4 – sessile serrated polyp/adenoma
 - 3 – sessile serrated adenoma without dysplasia/atypia

BSG Statement on Colorectal Serrated Polyps

Adopting the terms:

- Hyperplastic polyp
 - Sessile serrated lesion
 - Sessile serrated lesion with dysplasia
 - Traditional serrated adenoma or mixed polyp to describe SLs in the colorectum
-
- Use the WHO criteria to define sessile serrated lesion (weak recommendation, low quality evidence, 82% agreement)

WHO Criteria

- Three crypts or two adjacent crypts showing at least one of the features listed (on the next slide) required to be present for a diagnosis of SSL
- No strict 'ranking order' of these features in terms of importance for the diagnosis and there is also no minimum number of these features that need to be present (apart from the minimum number of characteristic crypts)

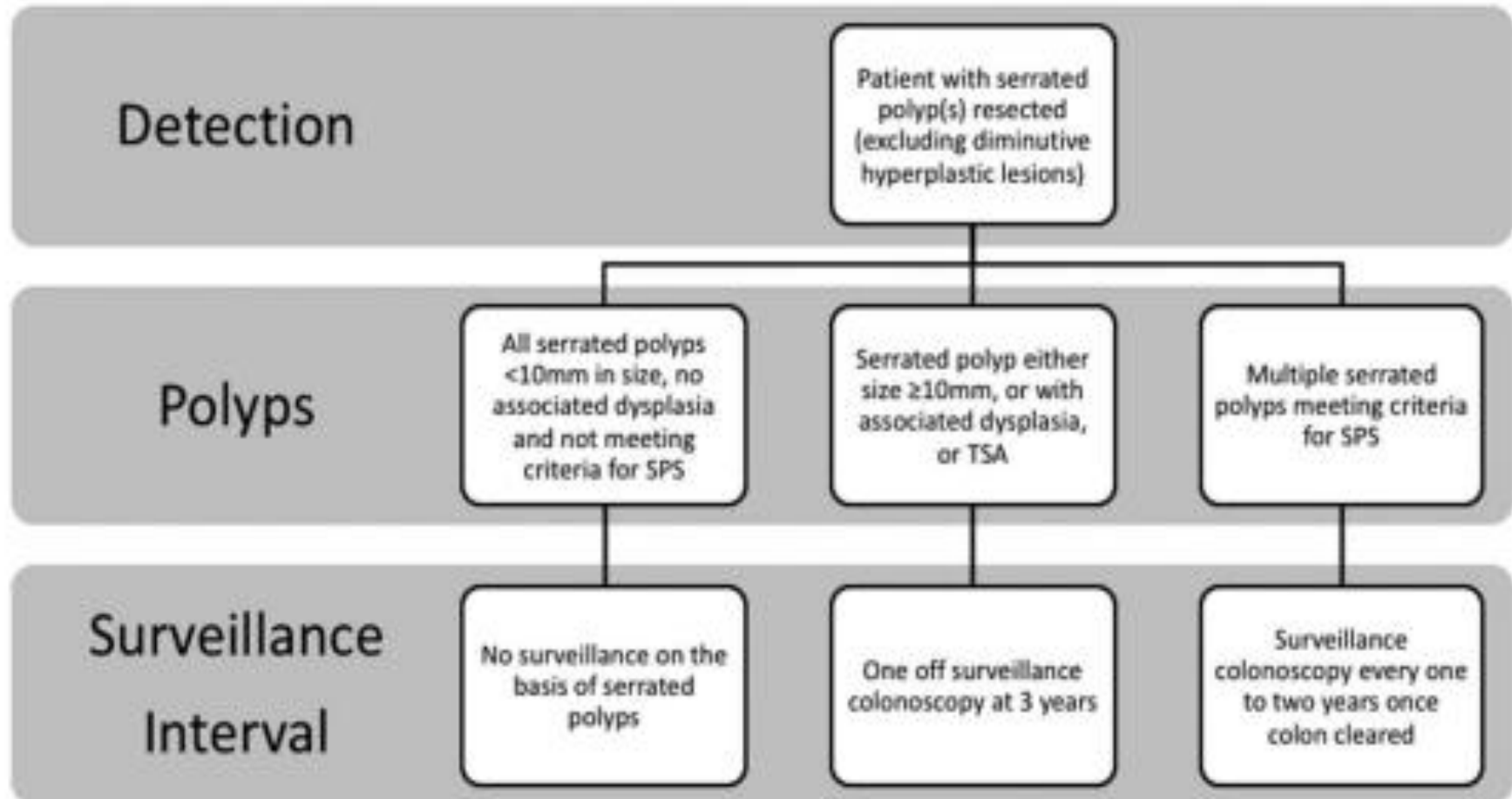
Box 1 Key histological features of sessile serrated lesions (SSLs)

- ▶ Irregular distribution of crypts
- ▶ Dilatation of crypt bases
- ▶ Serration present at crypt bases
- ▶ Branched crypts
- ▶ Horizontal extension of crypt bases*
- ▶ Dysmaturation of crypts†
- ▶ Herniation of crypts through muscularis mucosa
- ▶ WHO criteria—at least three crypts or at least two *adjacent* crypts must show one or more of these features to enable a diagnosis of SSLs³¹
- ▶ American Gastroenterology Association criteria—one crypt showing the characteristic features is sufficient for the diagnosis of SSLs²⁶

*Involved crypts often have an 'L' or inverted 'T' shape.

†Dysmaturation is disordered cellular maturation within crypts and is evidenced by subtle nuclear enlargement, crowding, pseudostratification and mitotic activity together with the presence of a disorganised mixture of non-mucus containing epithelial cells and mature goblet cells within the deep aspects of crypts. In this context, assessment of proliferation index, for example, using MIB-1 may provide supporting evidence for a diagnosis of SSLs by highlighting epithelial cell proliferation within the superficial half of crypts. However, such immunohistochemistry, while sometimes helpful, does not reveal features that are alone diagnostic of SSLs.

Serrated surveillance flowchart



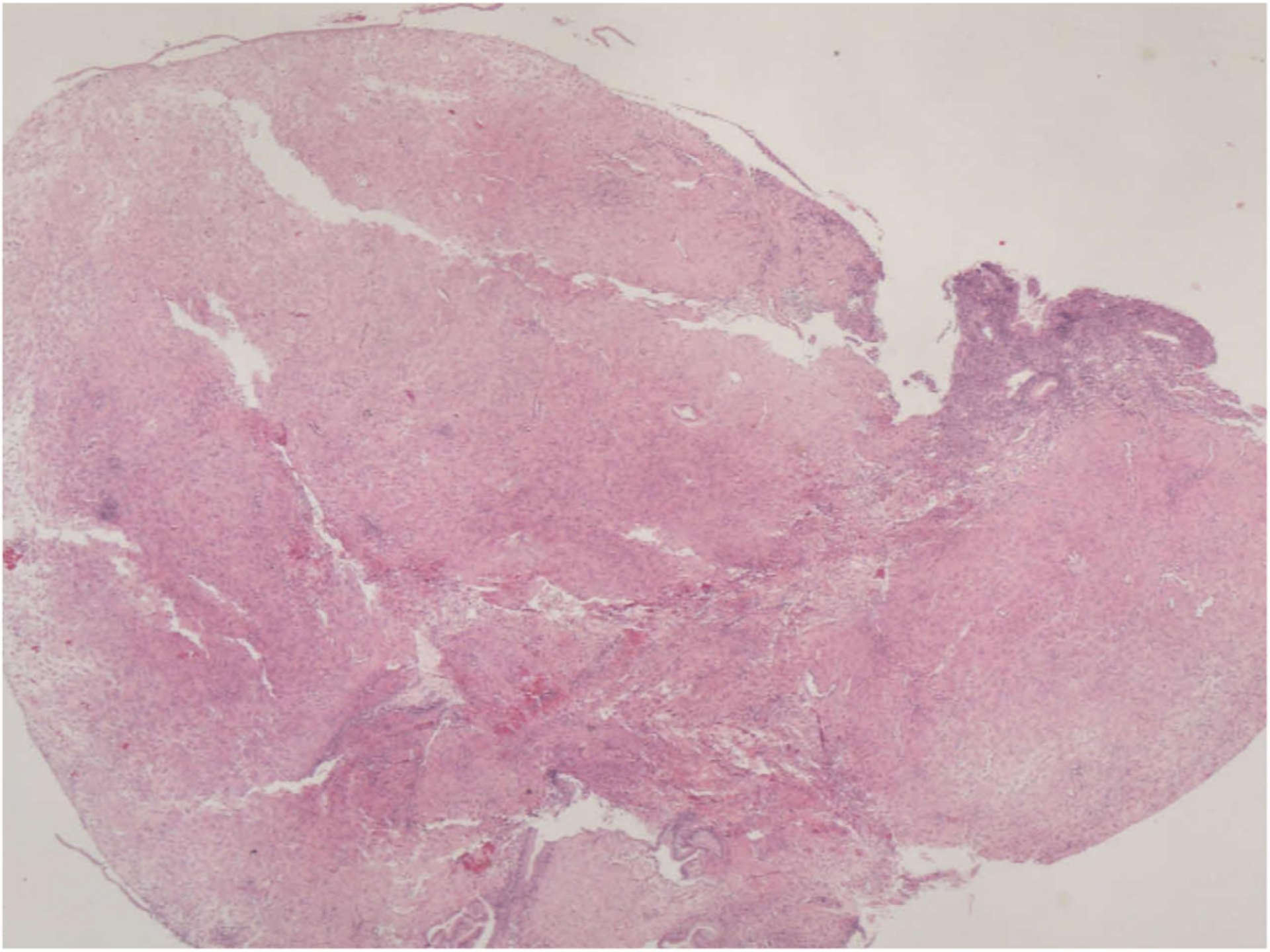
There is no current data to suggest that risk for patients with adenomas and serrated polyps is cumulative and therefore each polyp group should be considered separately for surveillance. The shortest surveillance interval recommended should take precedence. SPS, Serrated Polyposis Syndrome; TSA, traditional serrated adenoma

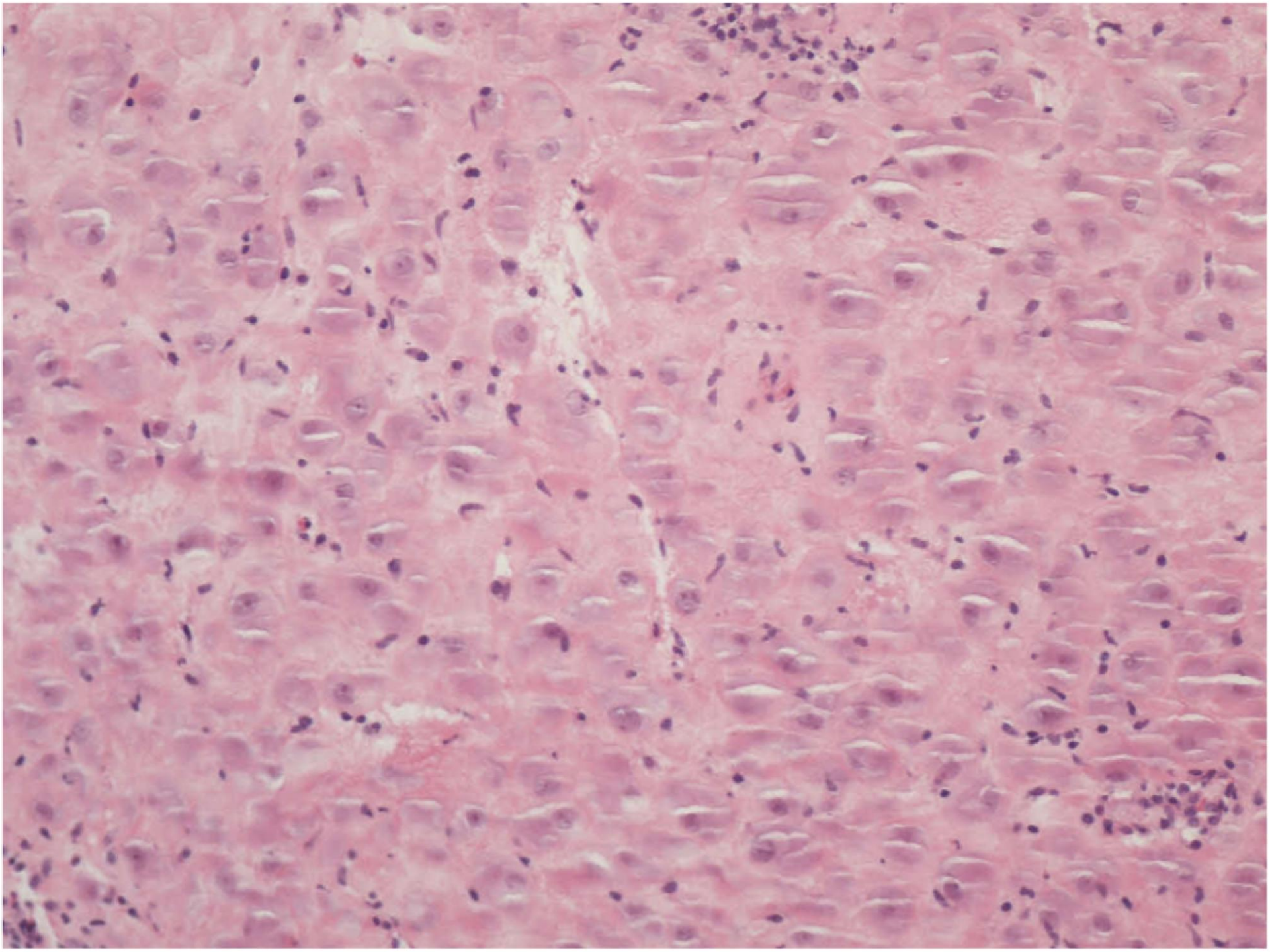
Further reading

- <https://gut.bmj.com/content/gutjnl/early/2017/04/27/gutjnl-2017-314005.full.pdf>

Case E

- F: 29 yrs
- Cervical bx
- 16 weeks pregnant





- Diagnosis:
 - DECIDUOSIS

- Responses:

- Score 1

- 117 – deciduosis/decidual change
 - 1 – decidualsied endocervical polyp

- Responses:
 - Score 2
 - 2 – endometriosis
 - 1 – placental site nodule



QUESTIONS?

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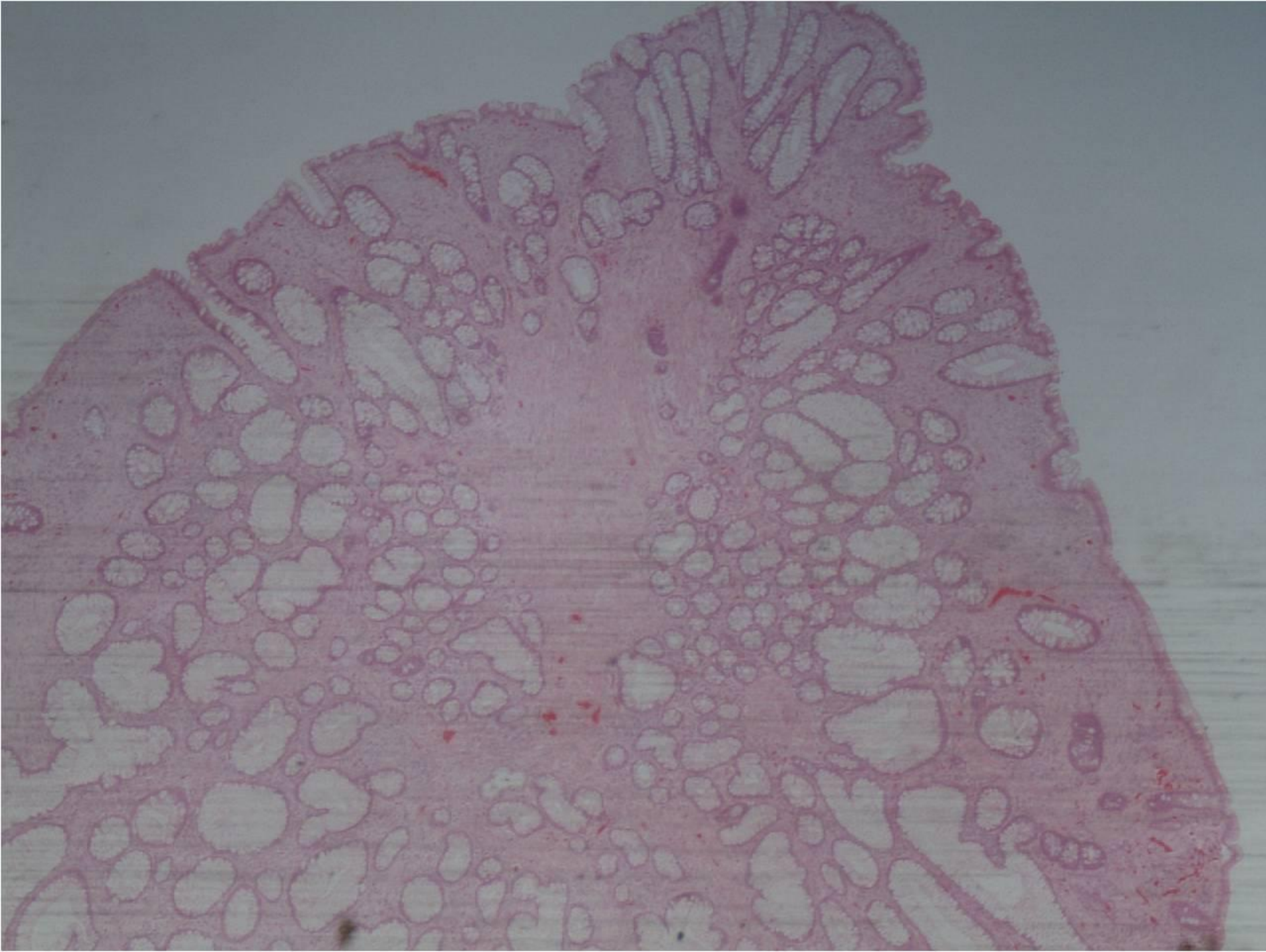
Circulation 47

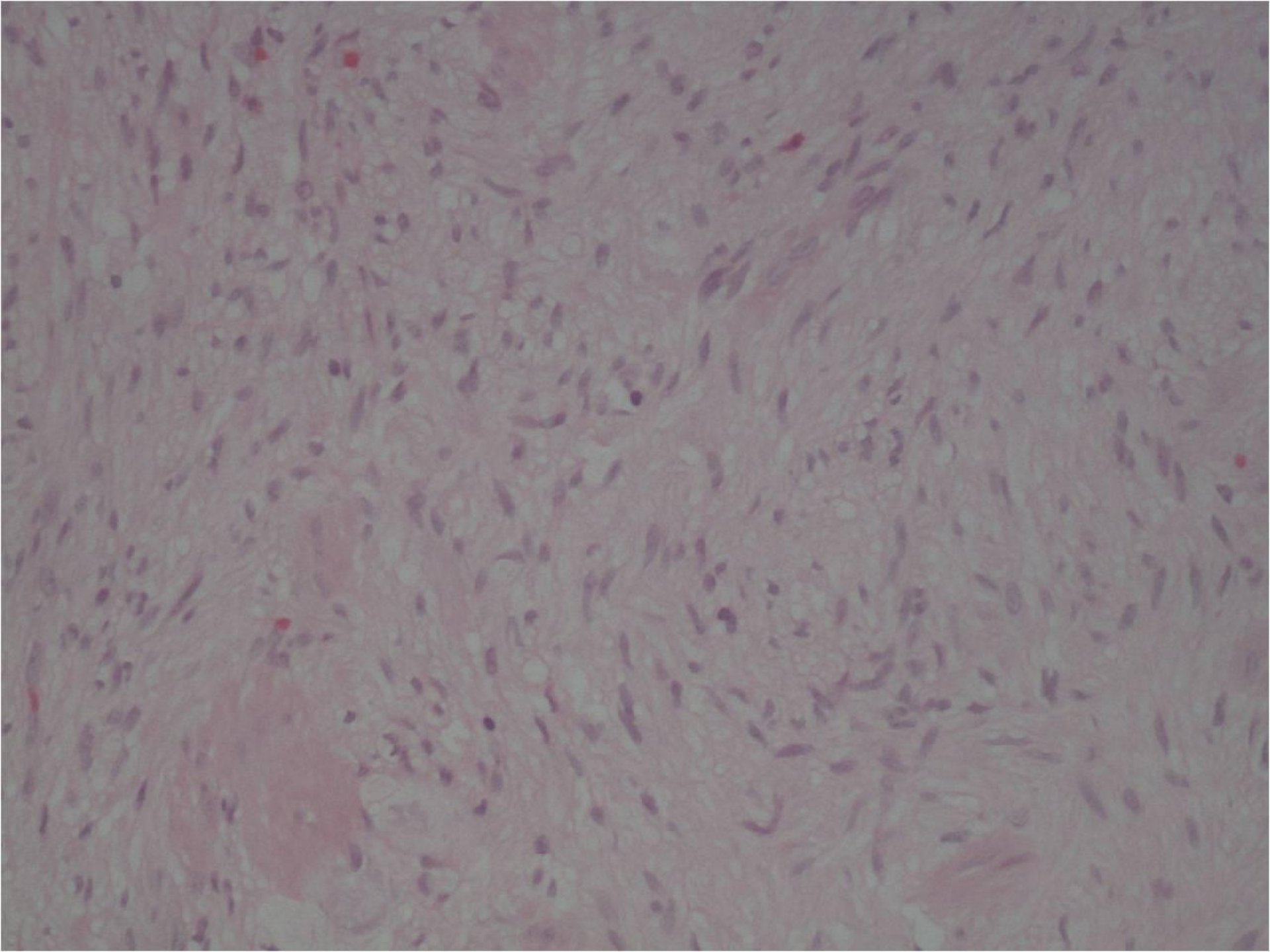
Cases F to J

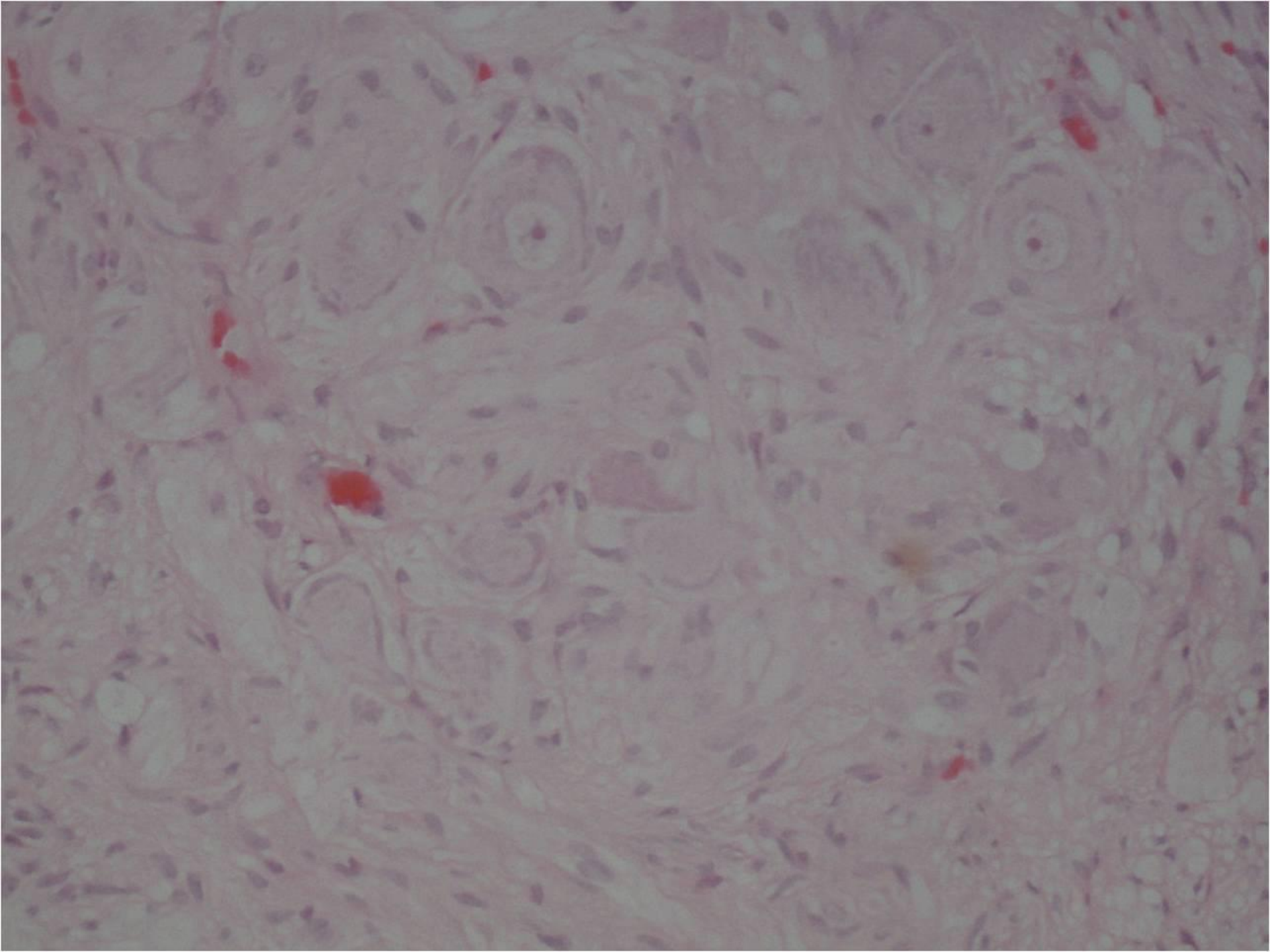
Presented by Dr A Patel

Case F

- F: 37 yrs Diarrhoea, at endoscopy found a polyp







Case F

- Diagnosis:
 - Ganglioneuroma

Case F

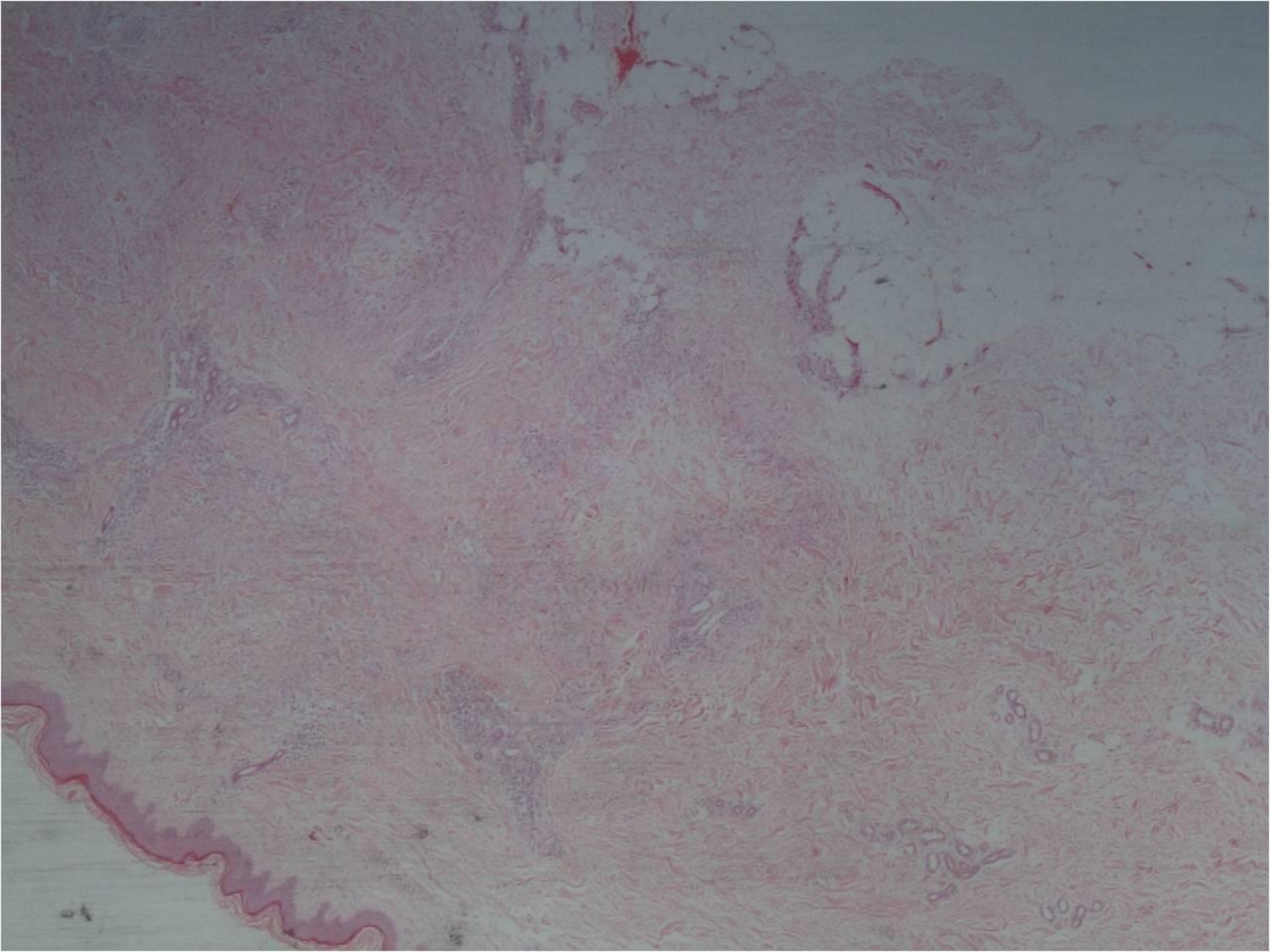
- Responses:
- Score 1 x 106 Ganglioneuroma
- Score 1 x 1 Ganglioneuromatous hamartoma

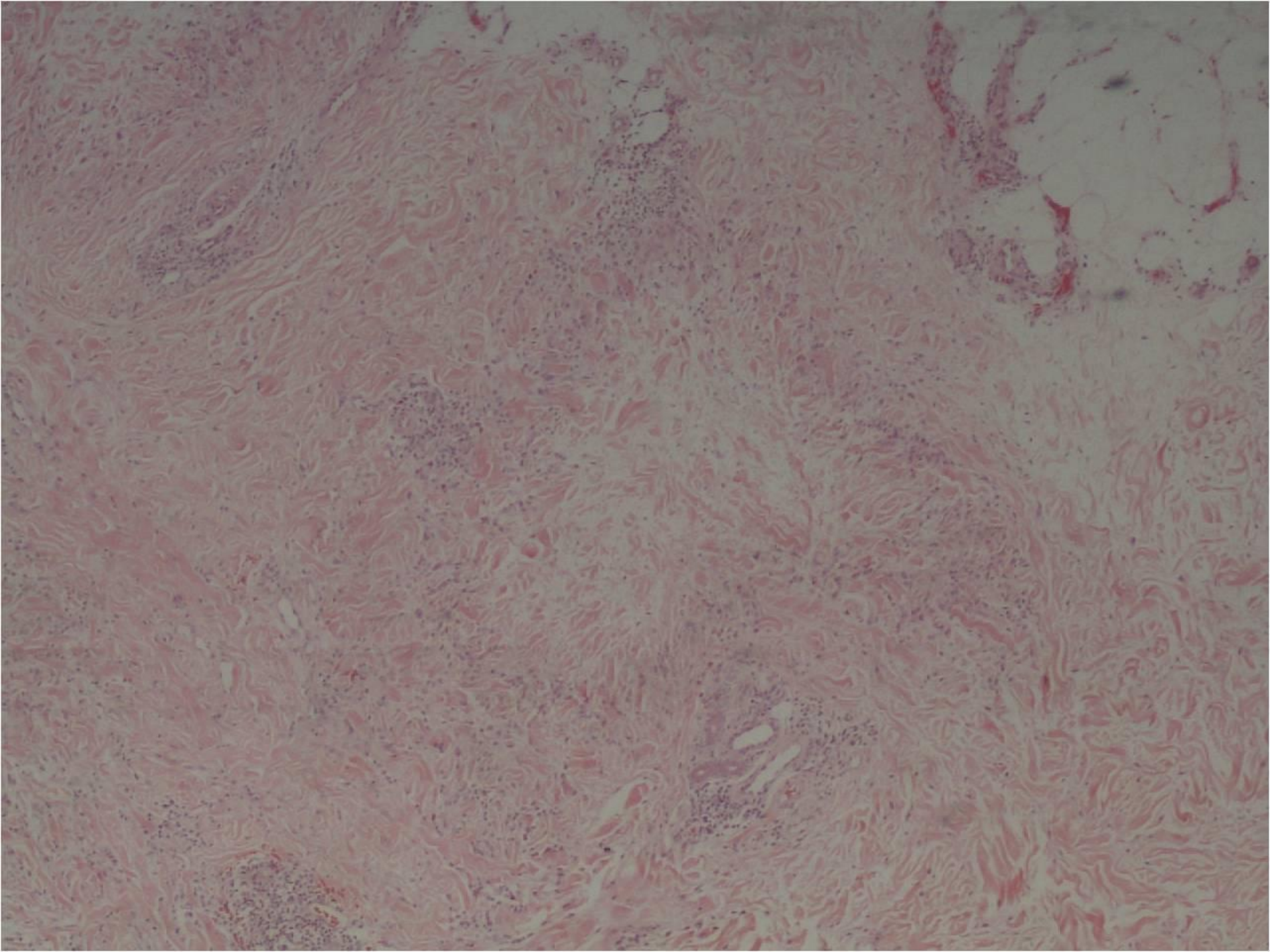
- Score 2 x 4 Mucosal prolapse/ solitary rectal ulcer/ inflammatory cloacogenic polyp
- Score 2 x 4 Inflammatory fibroid polyp
- Score 2 x 1 Juvenile polyp
- Score 2 x 1 Neurofibroma
- Score 2 x 1 Prolapse/ Peutz-Jeghers polyp
- Score 2 x 1 Inflammatory myofibroblastic tumour

- Score 3 x 1 Schistosomiasis

Case G

- M: 14 yrs Skin rash on 14yr old boy





Case G

- Diagnosis:
 - Granuloma Annulare

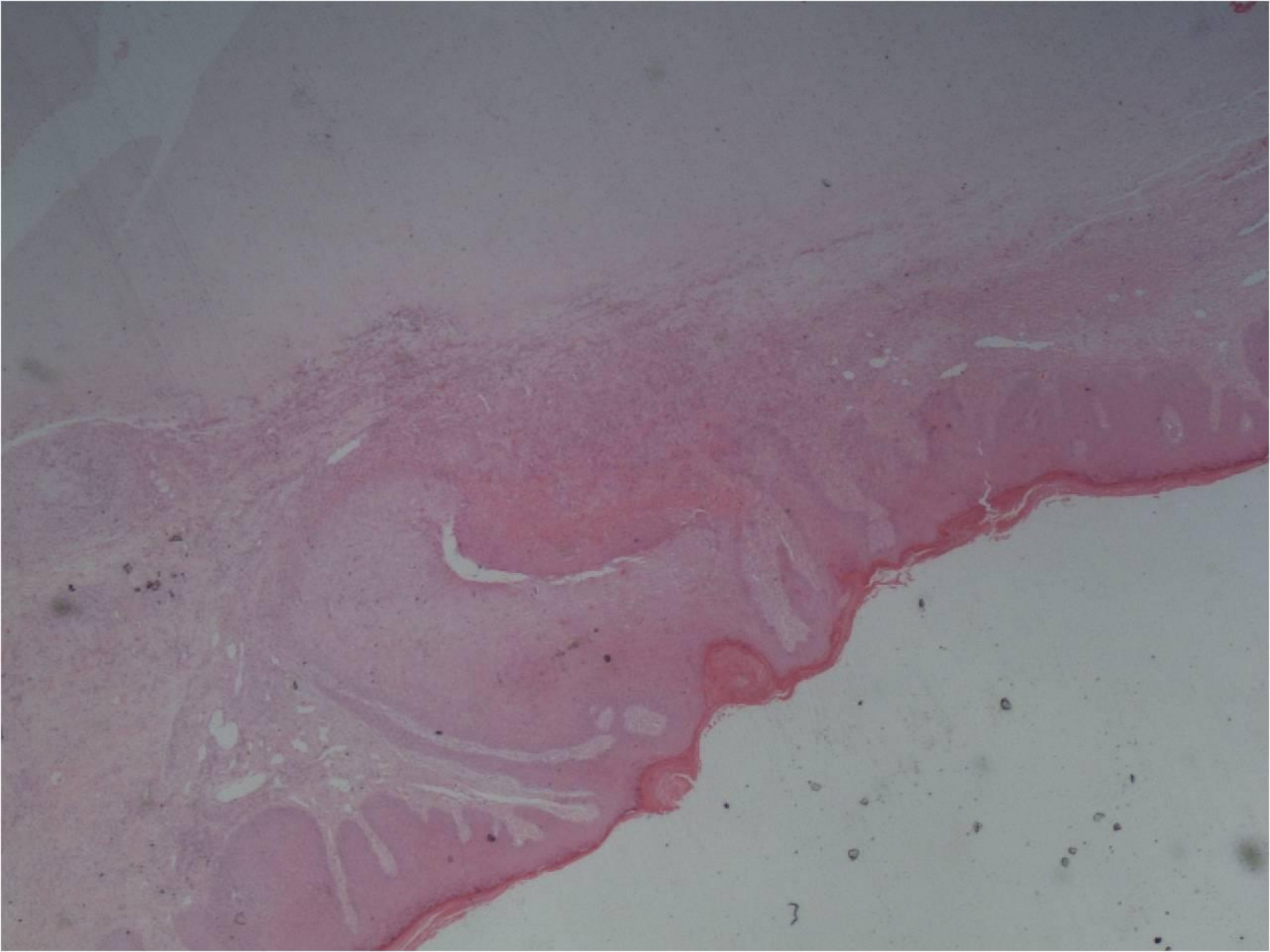
Case G

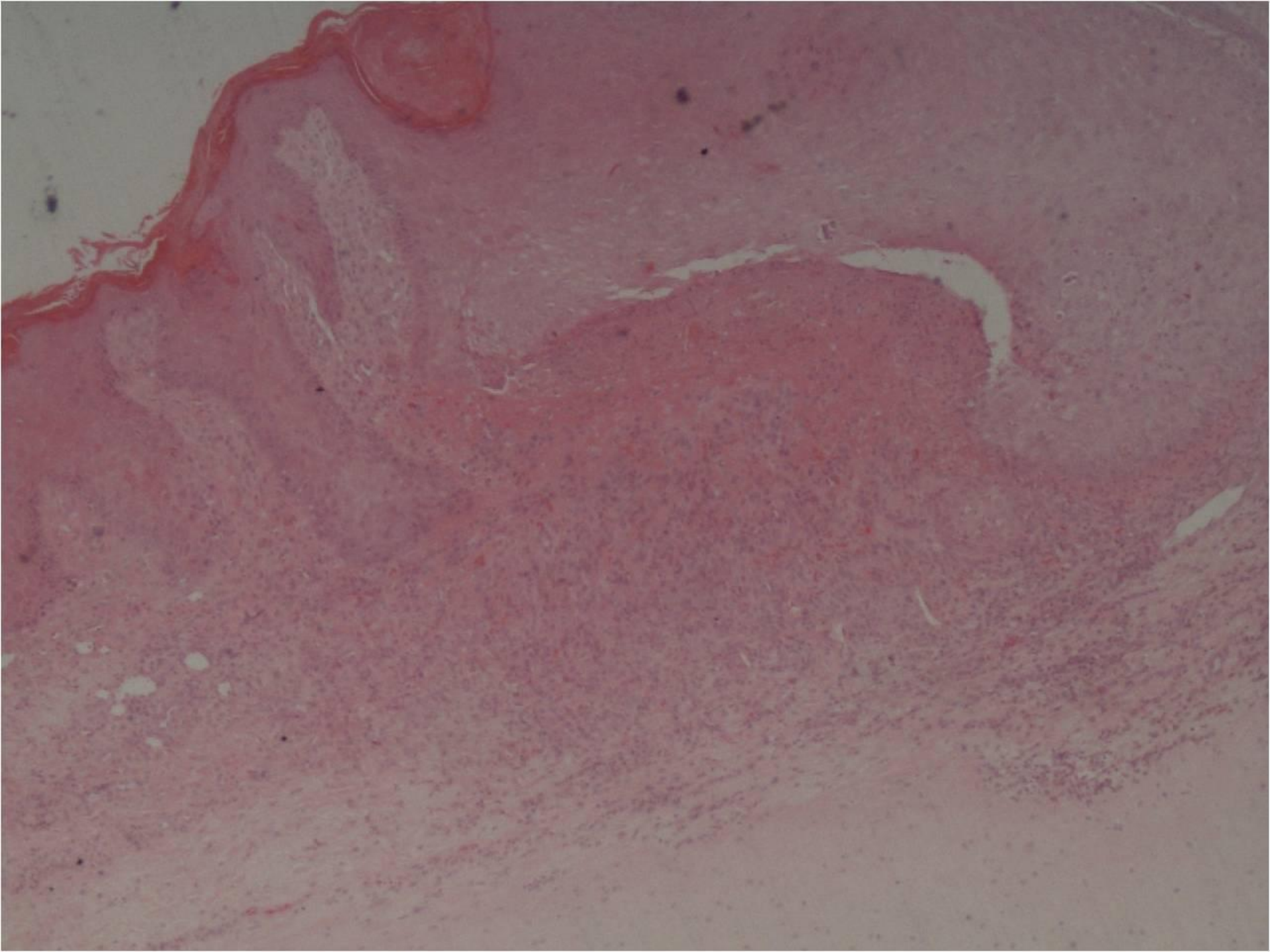
- Responses:
- Score 1 x 113 Granuloma annulare
- Score 1 x 3 Granuloma annulare/
necrobiosis lipoidica

- Score 2 x 1 Necrobiosis lipoidica
- Score 2 x 1 Necrobiotic areas
- Score 2 x 1 Erythema multiforme
- Score 2 x 1 Palisading granuloma,
differential pseudorheumatoid nodule vs. GA

Case H

- F: 67yrs ?scc on ear





Case H

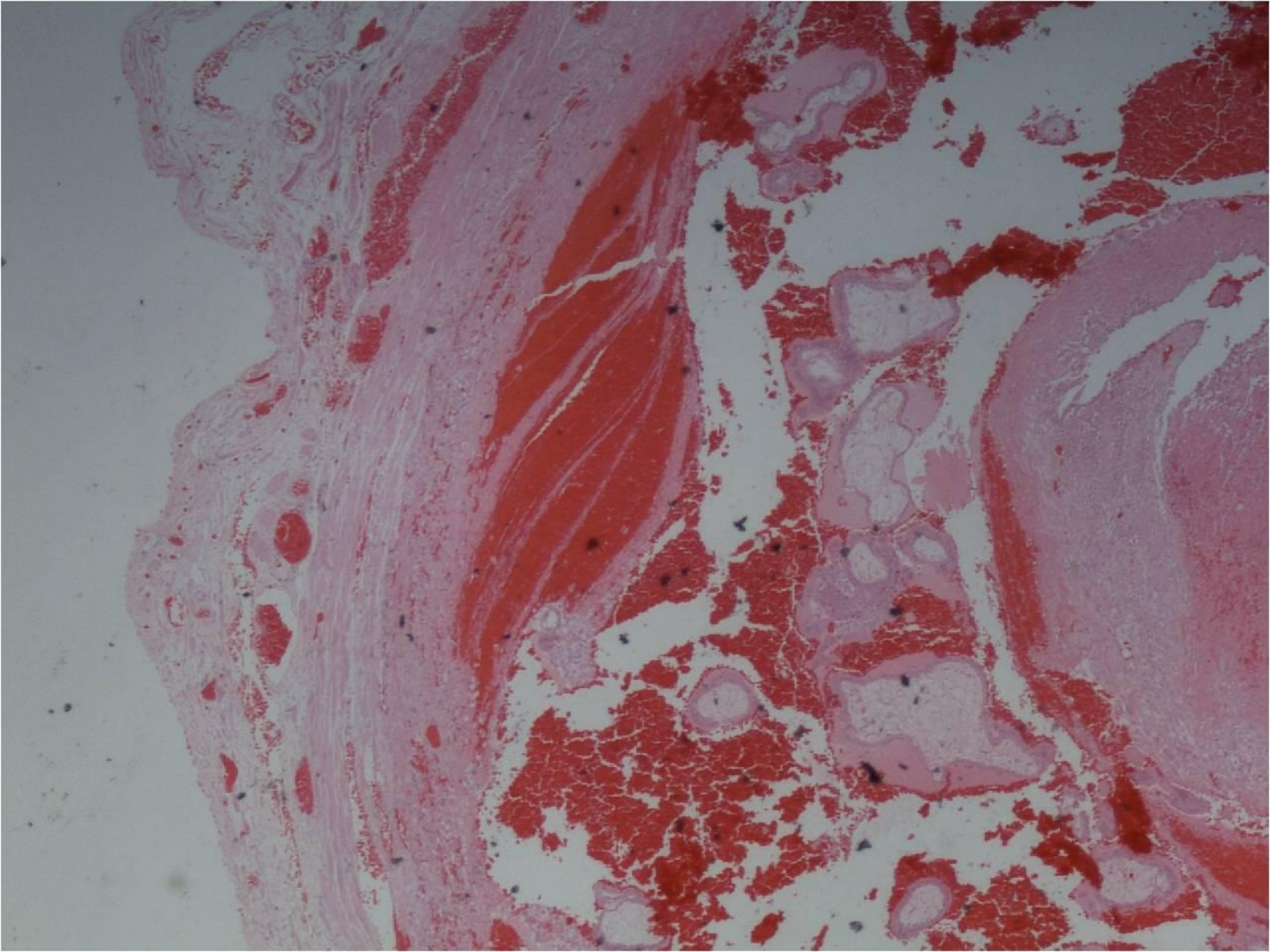
- Diagnosis:
 - Chondrodermatitis nodularis helices

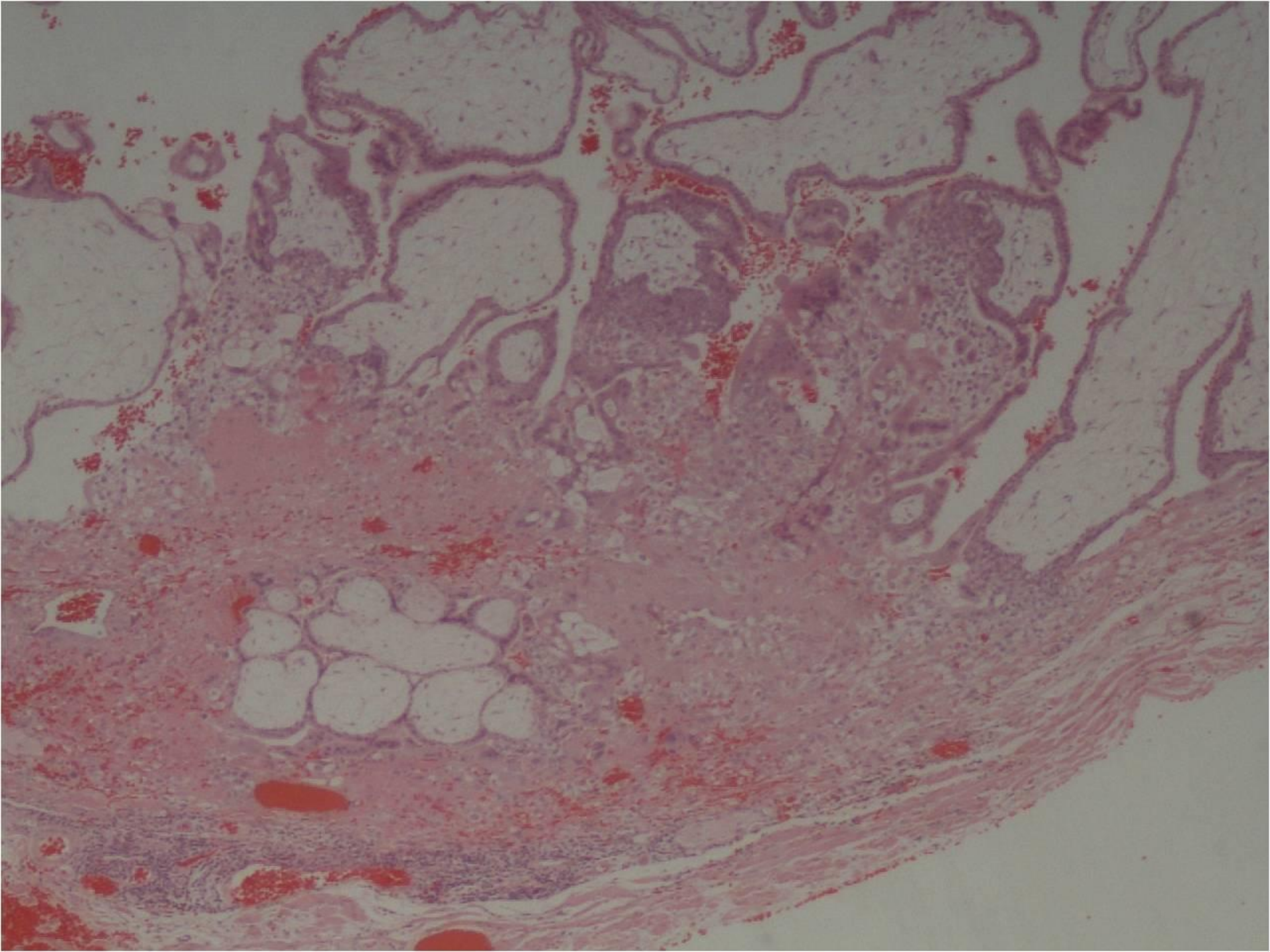
Case H

- Responses:
- Score 1 x 119 Chondrodermatitis
- Score 3 x 1 Myxoma vs. well differentiated squamous cell carcinoma

Case I

- F: 19yrs Right iliac fossa pain





Case I

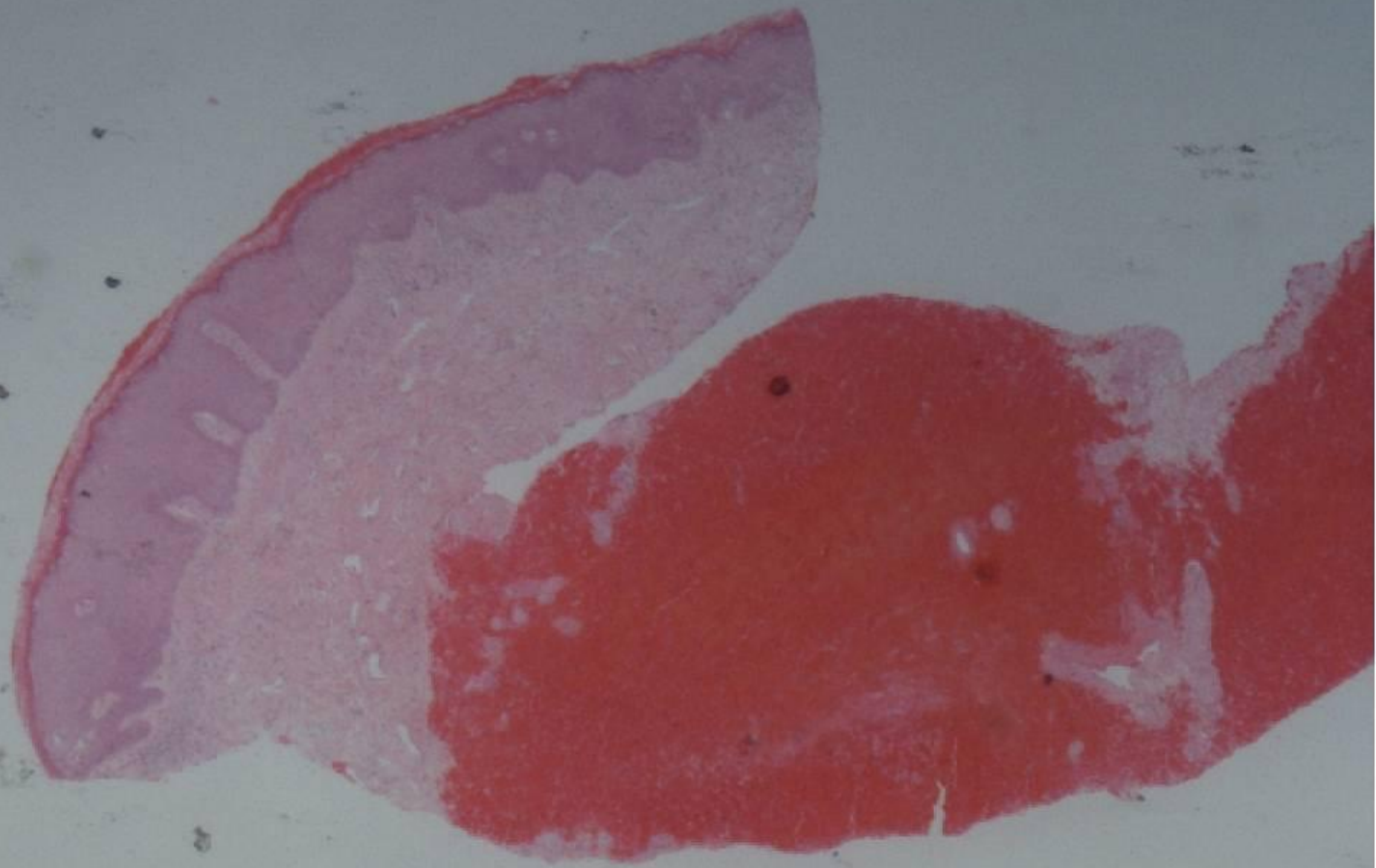
- Diagnosis:
 - Ectopic pregnancy

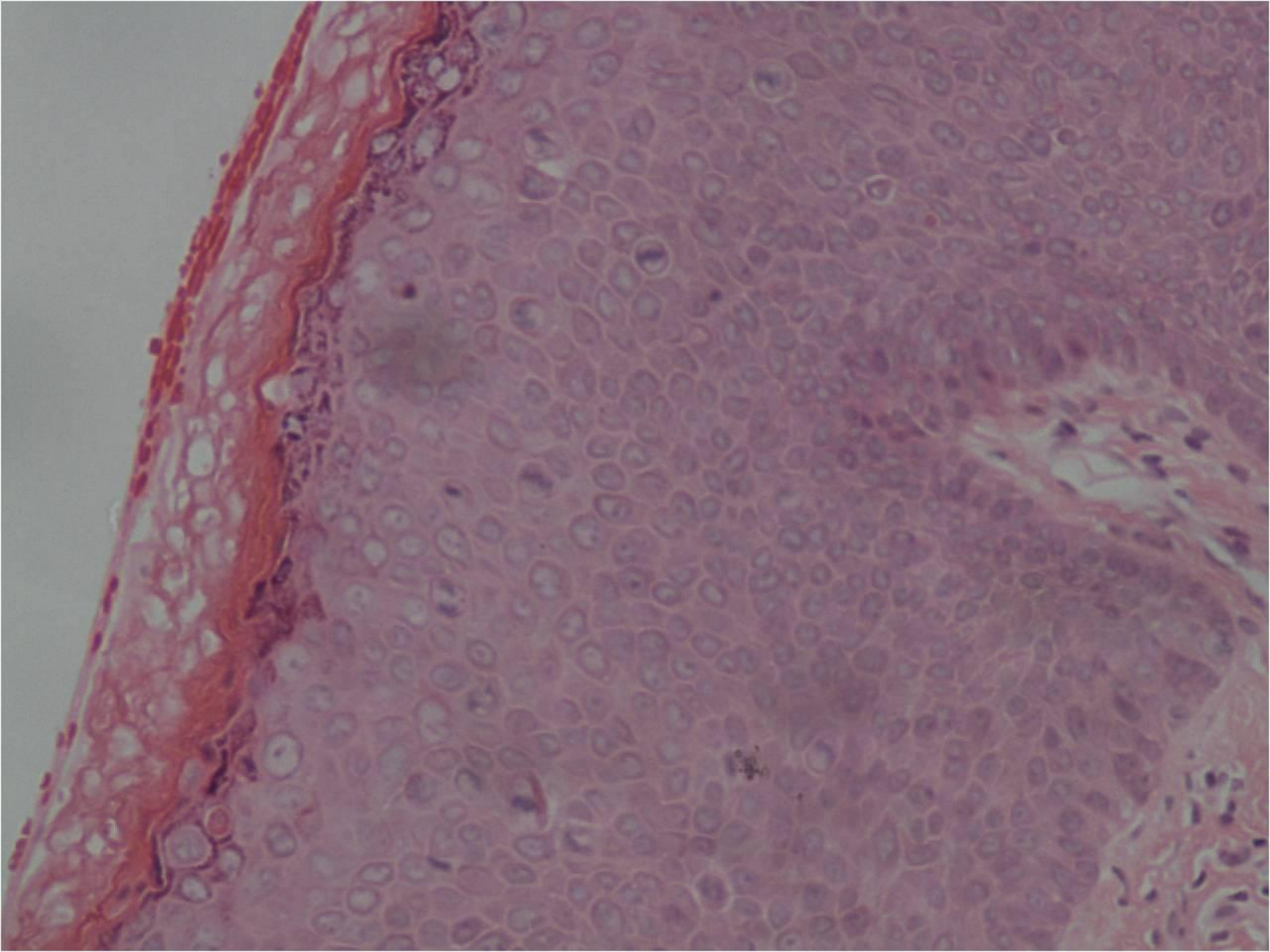
Case I

- Responses:
- Score 1 x 119 Tubal ectopic pregnancy
- Score 2 x 1 Ectopic pregnancy, ? early molar change

Case J

- F: 52yrs Vulval itch





Case J

- Diagnosis:
 - VIN 3

Case J

- Responses:
- Score 1 x 109 VIN3/ high grade VIN
- Score 1 x 1 Undifferentiated VIN3
- Score 1 x 1 VIN2
- Score 1 x 1 VIN mild/ moderate ?VIN2

Case J

- Responses:
- Score 2 x 3 VIN
- Score 2 x 3 Differentiated VIN/ dVIN
- Score 2 x 1 HPV and low grade dysplasia

- Score 3 x 1 Extramammary Paget's disease